

Illinois Children and Family Services Advisory Council

June 14th, 2018 from 3:30 to 5:00 PM

Chicago: 100 W. Randolph 16th Floor Room 504

Conference Call #: 1.888.494.4032; Access Code: 1819480398#

Minutes

I. Attendance:

- a. **DCFS:** BJ Walker, Najma Adams; Jeremy Harvey, Kim Mann, Matt Grady Phone: Gwen Walsh
- b. **Members:** Marge Berglind, Anita Weinberg, Tim Egan Phone: Jill Glick,
- c. **Public:** Uli Senz (Genesee Lake School), Steve Budde, Tracie Ferenbach, Rachael Sax and Carrie brown (Northwestern)

II. Approval of Minutes from March 15, 2018- COULD NOT VOTE DUE TO NO QUORUM

III. Discussion Item: B-3

Discussion: B-3 next steps/goals, what can this council pursue to align with that goal.

The B-3 initiative as you know we have spent a number of months building partnership with DHS. How to use 4 disciplines of execution, to look at death and serious injury and long stays in foster care. There are 5 teams between DCFS and DHS. Who are focused on 5 goal statements. 3 teams are focused on INTACT families.

When we look at this, a disproportionate share happens for youth in INTACT program caseloads. Make sure we have more eyes and quality interventions in INTACT. Many refuse services even though families are indicated and we do not bring those children into care, they can refuse the services we recommend. We proposed home visiting, child care, and WIC from DHS can help support a community based non-DCFS approach to change. More families who will engage with services and not refuse these essential supportive services.

This also includes a team interactions between DHS and DCFS, through a positive and practical approach to supporting families

We are launching on the 20th and 21st, with outcomes. We are working to create.

2 teams focused on what happens after we bring kids into care. B-3 drive a lot of our caseload and recurrence of maltreatment. If you do not leave in 10 months then your likeliness of being in care 10 years later is very high. We are focused on ensuring more children leave in the first 24 months. Reducing our timelines of first family engagement. We are also increasing worker contact, hoping of more engagement with adults. We paired this with goals around meeting parents on more frequent basis, but also for every recommendation to return home to develop an aftercare plan that is pretty specific. Improving from the existing 60 or 90 days aftercare plans.

We will use this as the basis for our December meeting to review the work and outcomes of the 5 teams.

One of the keys is a highly visible and interactive scorecard.

Decisions:

No members had questions

Point Person(s):

BJ Walker.

IV. Discussion Item: Medical Personnel and Abuse cases

Discussion: Medical Personnel and Abuse cases

Proposed: A lead sub-group advisory capacity to DCFS, build a better bridge around the rx, with Child abuse systems and bring them to be advisory how to improve community cross education and policy. It is a small group of experts 11 of us. The serious harms are of non-verbal youth. The need for medical experts to navigate this area is huge.

There are a lack of resources to protect front-end issues around child maltreatment and harms.

The problem being addressed: physicians across the state to build better bridges to DCFS. To provide resources and access to doctors. Knowing children under 3 years old are high risk of serious harms and morbidity. How do DR.'s see themselves in the communication sphere. How to present and discuss their findings. Help CW and DCP understand and see medical or serious harms. How do we expedite decisions and findings from dr.s.

KEEP A VERY NARROW FOCUS of the sub-group.

What does a strong infrastructure of support from a Doctor's point of view look like. How to be more proficient, precise, this is a thoughtful approach to increasing medical providers, and partner as we grow. How does DCFS, better utilize resources.

First step might be taking a lead on this.....might need data around the topic. Dr. Glick would like to organize this group. We could have improved efficiency and outcomes for vulnerable.

Decisions:

- Jill will write up a paragraph with specific goals, and opportunities of this Sub-group? What is the deliverable for this sub-group?
- Jeremy will forward a charter for consideration and completion by Jill.

Point Person(s): Dr. Jill Glick

V. Discussion Item: Child on Child Sexually Problematic Behaviors

Discussion:

How is a child indicated for the allegation of sex abuse??? Can we bring this up. I thought you had to be in a caregiver role.

Definition, how does this happen?

VOCA grants are designed to support victims of services, but cannot use the dollars to support or

<u>service perpetrators.</u>	
<u>Decisions:</u> <u>Stephen Budde: offered collaboration around CAC data</u> <u>ANCRA rules: Needed.</u>	<u>Point Person(s): Najma Adams, Jeremy Harvey, Alicen McGowan</u>

VI. Discussion Item: Well-being evaluation

<u>Discussion:</u> In 2016, DCFS began implementation of reviewing and creating Well-being metrics that were reasonable and doable for the system, we tried to detect gaps in knowledge as well. 4 Dimensions of Well-being: Educational/cognitive, physical health, emotional/behavioral, and social functioning Questions: how are children faring. Entry factors predict other issues. What changes over time? Target: 4 immersion sites, entry cohorts Tools: CANS, Deveraux Early Child Assessment, Strengths Difficulties Questionnaire, and Social Support Network Questionnaire SAMPLE: 57% are between 0-5 years old most of these are children under the age of 1. 400 children are in the sample to date. Racial demographics: 53% white, 39% black Actionable Needs; Greif an separation, traumatic grief/separation anxiety, and behavior.	
<u>Decisions:</u> How do we continue to look forward that Trauma sits in a broader context Recommendations: This seems to be well in hand with CWAC, but periodic updates might be helpful. This is closely related to our issues around residential.	<u>Point Person(s):</u> <u>Stephen Budde, Kim Mann, Tracy Ferenbach</u>

Next meeting: Refer to the PowerPoint, and what if any steps the council would like to take with the wellbeing group. Maybe this group identifies a group of children to help focus on key populations.

Meeting Adjourned

Next Meeting: September 13, 2018